

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*	*	*
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.
	1	1	1	1	1	1	51			
2		1	1	1	1	1	52			
3		2	1	1	1	1	53			
4		1	1	1	1	1	54			
5	1	1	1	1	1	1	55			
6	1	1	1	1	1	1	56			
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42							92			
43							93			
44							94			
45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
TOTAL IND.			2							
TOTAL DEP.			4							
TOTAL CLAIMS			6							